## Health Professions Bureau



402 West Washington Street, Room W066 Indianapolis, Indiana 46204

Telephone (317) 234-2051 Fax (317) 233-4236 www.hpb.in.gov

Please provide the following information:

Person responsible

## APPLICATION FOR RENEWAL OF SPONSORSHIP

## AS A CONTINUING EDUCATION PROVIDER FOR 2005

## INDIANA STATE BOARD OF HEALTH FACILITY ADMINISTRATORS

Sponsors of continuing education programs are responsible for monitoring attendance in such a way that verification of attendance throughout the program can be reliably assured.

Approvals of a sponsor will be valid for a maximum period of one (1) year; ALL APPROVALS EXPIRE ON JANUARY 31<sup>ST</sup> OF EACH YEAR.

YOU ARE REQUIRED TO INCLUDE A SAMPLE OF THE ADVERTISING BROCHURE FOR YOUR HEALTH FACILITY ADMINISTRATOR PROGRAMS AND A COPY OF YOUR LAST CERTIFICATE OF APPROVAL along with this application and fee\* to the Health Professions Bureau, 402 W Washington Street, Room W066, Indianapolis, Indiana, 46204. If these are not available, please include a letter of explanation with your application.

Name of sponsoring organization	Previous sponsor I.D. number		
Street address of sponsor	City		

Our organ	ization agrees to	periodic State	monitoring of our p	rograms at the discre	etion of the Indiana S	tate Board
of Health	Facility Adminis	strators:	Yes, we do agree.	No, we do not	agree	
	•		_ ,		C	
	<b>Date</b>	Signature		Title		

Title of person responsible

\*PLEASE NOTE: There is a \$100 fee for continuing education sponsorship renewal (840 IAC 1-3-2). However, the Indiana State Board of Health Facility Administrators shall exempt any state or federal agency and any state funded school from payment of a fee for continuing education sponsorship (840 IAC 1-2-6).

Questions regarding this application may be directed to the Indiana State Board of Health Facility Administrators at (317) 234-2051 or by e-mail at hpb6@hpb.in.gov.